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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

July 19, 2006

Loganhurst, LLC
1515 East Illinois Avenue
Spokane, Washington 99207

Janis Sigman, Program Manager
Department of Health
Certificate of Need Program
310 Israel Road SE
Tumwater, WA 98501

Dear Ms. Sigman,

In accordance with WAC 246-310-080, Loganhurst, LLC hereby submits a letter of intent proposing the establishment of a 45-bed skilled nursing facility in Spokane County. In conformance with WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

Loganhurst, LLC intends to establish a 45-bed skilled nursing facility that will include the standard array of clinical, recreational and physical therapy and other services that are required by WAC for skilled nursing facilities. In addition, the individuals to be served by Loganhurst, LLC will require additional services to meet their special care needs.

2. Estimated Cost of the Proposed Project:

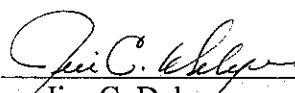
The estimated capital cost associated with this project is approximately \$3,500,000.

3. Description of the Service Area:

The service area will be Spokane County and the surrounding communities.

Please do not hesitate to contact me if you have questions or require any additional information. My telephone number is (509) 990-3999. My e-mail address is jdelegans@loganhurst.com.

Sincerely,

By: 
Jim C. Delegans,
Loganhurst, LLC